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Bib Data Sheet

CONFIRMATION NO. 8102

SERIAL NUMBER 10/738,446	FILING DATE 12/16/2003  RULE	CLASS 604	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. DI-5928 (112713-457)
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *none*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none* *1 Mar 06*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 03/29/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 5	TOTAL CLAIMS 98	INDEPENDENT CLAIMS 9
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Verified and Acknowledged  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

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TITLE  
 Medical fluid therapy flow control systems and methods

FILING FEE  RECEIVED 2690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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